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FIG. 1

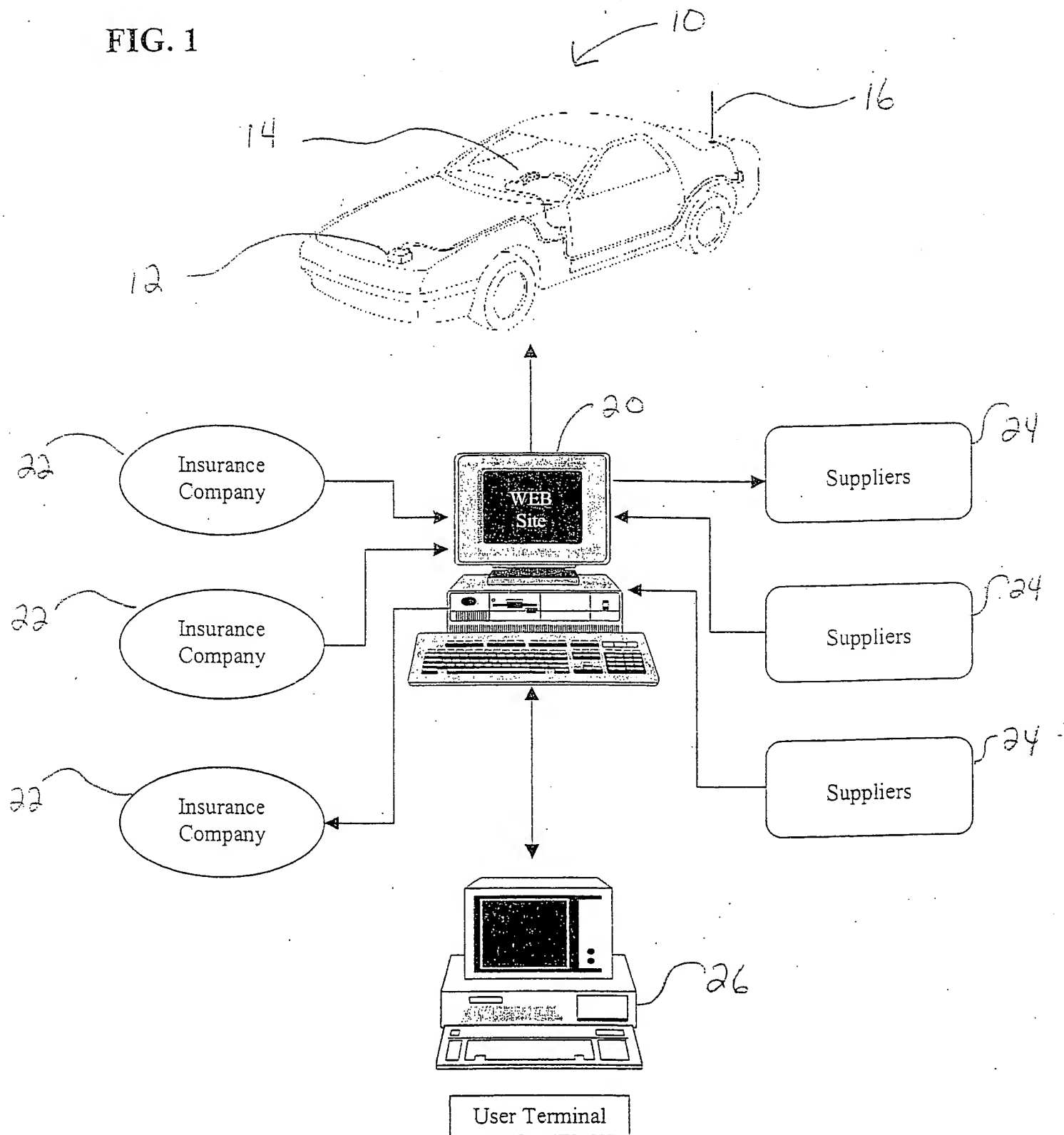


FIG. 2

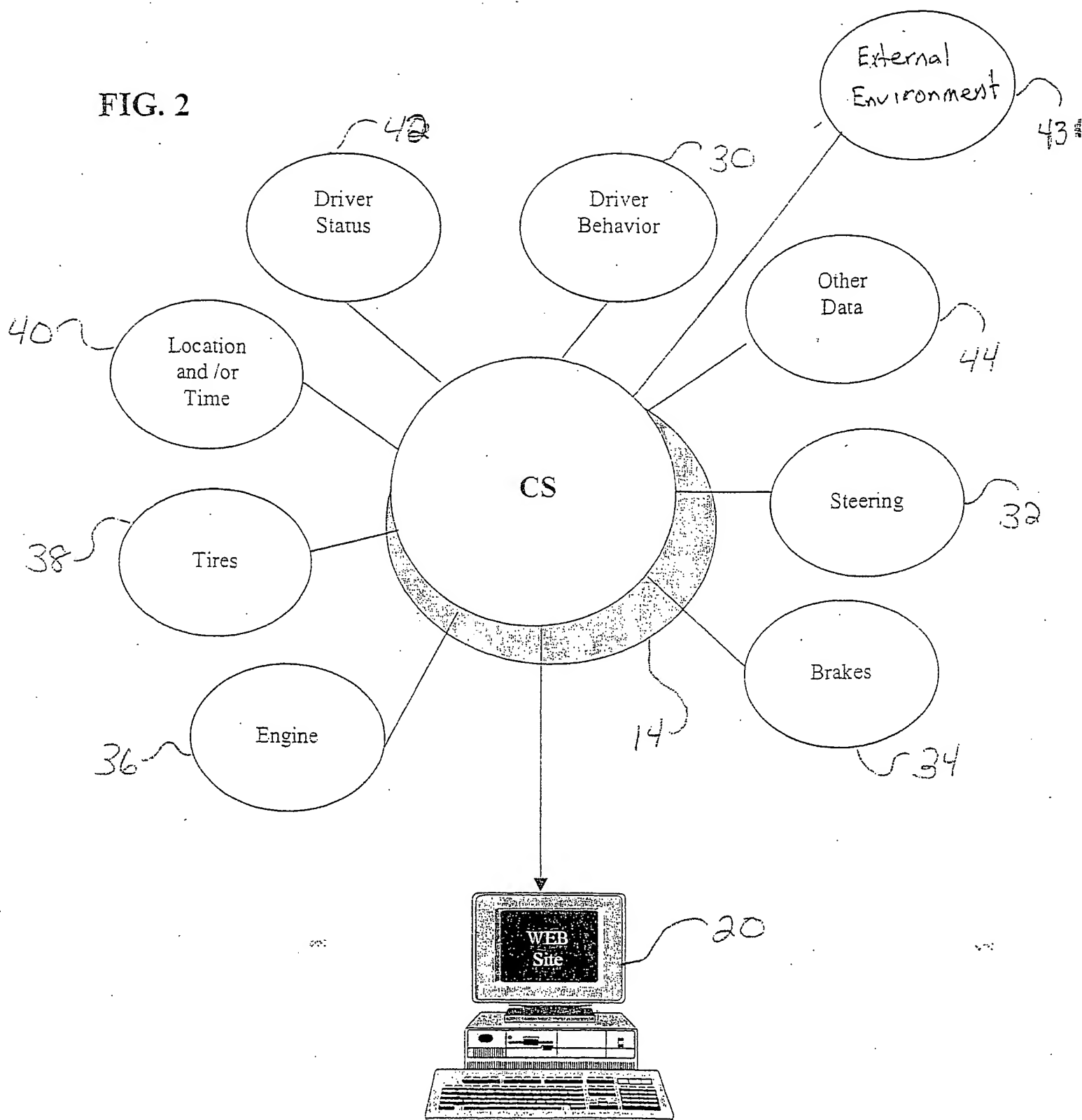


FIG. 3

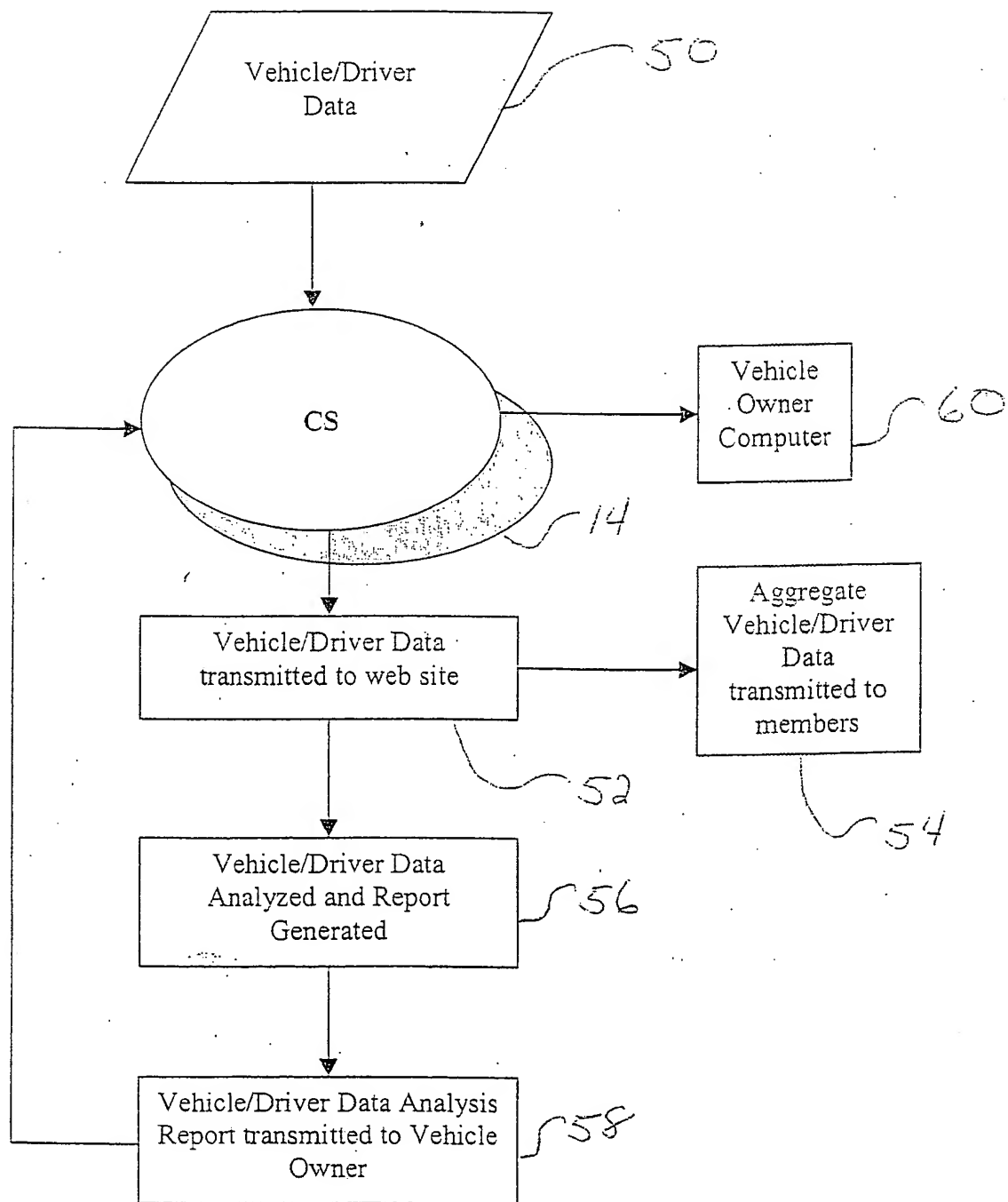


FIG. 4

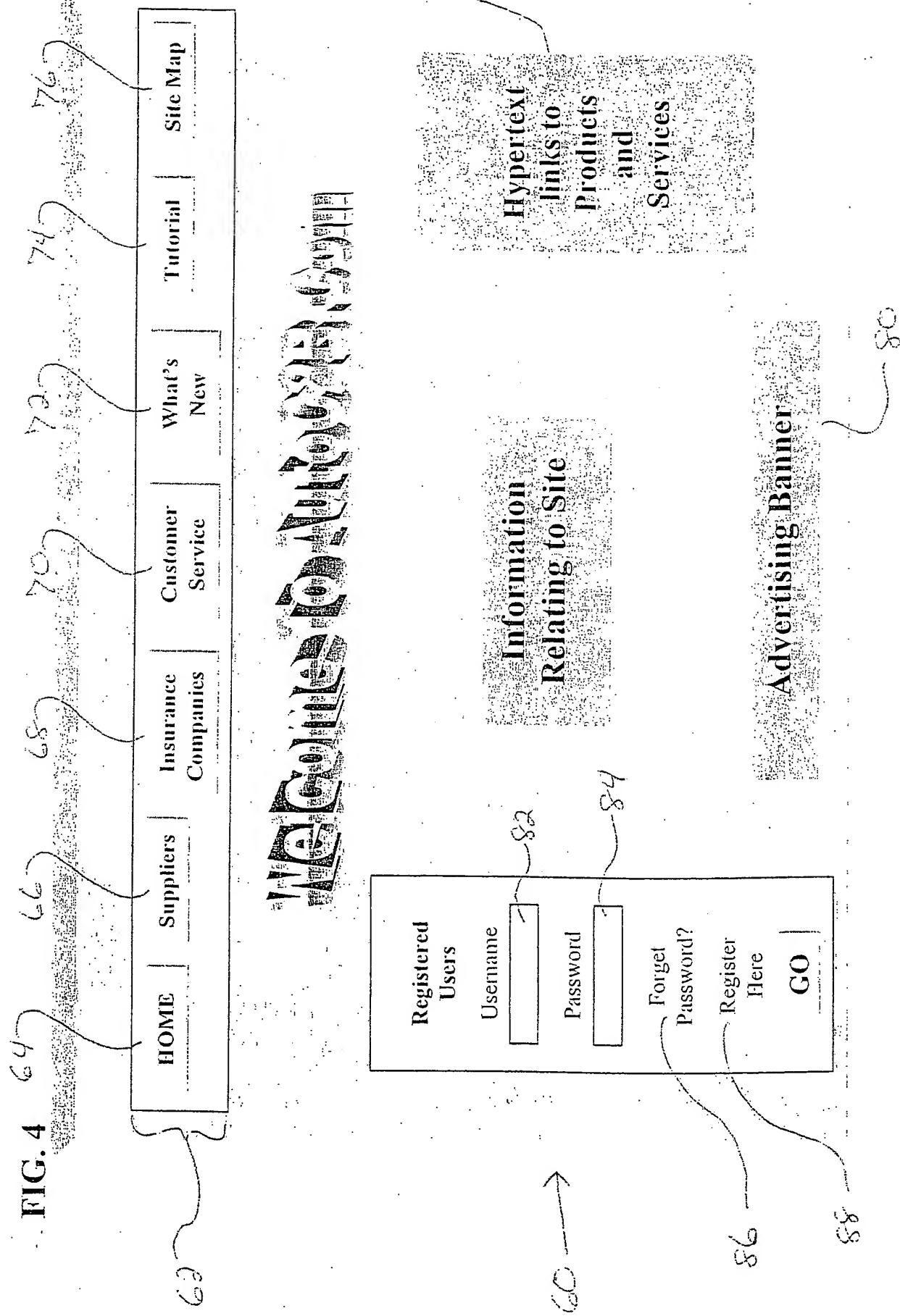


Fig. 5

902 →

Basic Information		Types of Insurance Coverage		Vehicle Information	
91	NAME:	YES	NO	Type/Model:	96
92	ADDRESS	Liability <input type="checkbox"/>	Liability <input checked="" type="checkbox"/>	Year:	97
93	Age:	Uninsured Motorist <input type="checkbox"/>	Uninsured Motorist <input checked="" type="checkbox"/>	Safety Equip.:	98
94	Sex:	Comprehensive <input type="checkbox"/>	Comprehensive <input checked="" type="checkbox"/>		
95	Other Drivers:	Collision <input type="checkbox"/>	Collision <input checked="" type="checkbox"/>		
		100K 700K 500K Liability Limits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Any Deductibles <input type="checkbox"/> 500/500 500/1000 Violations/Citations: <input checked="" type="checkbox"/> 105 Any Insurance Claims filed: <input checked="" type="checkbox"/> 106		99	
				100	
				107	
				Driver's License #	

FIG. 6

